MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

09/926237 APPLICANT(S)

		(FOR U	E WITH .	FORM P	10-875)	
	AS	FILED	AFT	ER	AF 2nd AME	TER
ļ	IND.	DEP.	Ist AME	DEP.	2nd AME IND.	
1	17	DLF.		JEP.	יאט.	DEP.
2	1	1/-	ļ ———			
3		12				
4		1001				
5		10				
6		(F) 1				
7		10				
8		(b) 1				····
9		10				
10	17	,		·		
11	1					
12						
13		 				
14		-				
15	 					
16						
17	 					
18	┼					
19 20	 					·
21		 	 }			
22	1	 				
23	 					
24				 -		
25	 					
26	ļ					
27						
28						
29			 -			
30	 		*			
31	 		 -			
32	 					
33	1					
34	 					
35				∔		
36			 . -			
37						
38						
39						
40						
41			i-		 -	
42						
43						
44						
45	10 167					
46						
47						
48						
49						
50						
OTAL	· -					
OTAL	3	_		1 -		1 1
EP.	<u>0</u>		-	ا د	+	حـ
OTAL LAIM8	//	200	1		i i	
0-1360	(3-78)			AV RE ITO		